



SUBMIT TO:
CITY CLERK - CITY OF ROSEVILLE
311 VERNON STREET

THIS SPACE IS FOR CITY USE ONLY

ROSEVILLE, CA 95678

GOVERNMENT CLAIM

BEFORE COMPLETING THIS FORM, PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM. STATE LAW REQUIRES THAT YOUR CLAIM BE SUBMITTED USING THIS FORM. FAILURE TO USE THIS FORM OR TO COMPLETE EACH SECTION OF THIS FORM WILL RESULT IN YOUR CLAIM BEING RETURNED TO YOU AS INSUFFICIENT

1. NAME AND MAILING ADDRESS OF CLAIMANT(S)			2. SPECIFY TOTAL DOLLAR AMOUNT OF CLAIM AS A DIRECT RESULT OF THE INCIDENT \$ _____
NAME			
MAILING ADDRESS			3. WHERE DID THE DAMAGE OR INJURY OCCUR? (PLEASE INCLUDE STREET ADDRESS OR INTERSECTION :)
CITY	STATE	ZIP	
HOME PHONE	WORK PHONE		DRIVERS LICENSE NUMBER
SOCIAL SECURITY NUMBER			DATE OF BIRTH

4. WHEN DID THE DAMAGE OR INJURY OCCUR?

_____ MONTH DAY YEAR TIME

IF YOU ARE FILING THIS CLAIM BEYOND SIX MONTHS FROM THE INCIDENT DATE, PLEASE SEE INSTRUCTION #4 FOR FILING LATE CLAIM APPLICATION ON THE REVERSE SIDE OF THIS FORM.

5. PLEASE EXPLAIN THE CIRCUMSTANCES THAT LED TO THE ALLEGED DAMAGE OR INJURY. STATE ALL THE FACTS WHICH SUPPORT YOUR CLAIM AGAINST THE CITY OF ROSEVILLE. IF KNOWN, IDENTIFY THE NAME OF THE EMPLOYEE(S) THAT ALLEGEDLY CAUSED THE DAMAGE OR INJURY.

6. WHAT SPECIFIC DAMAGE OR INJURY DO YOU CLAIM RESULTED FROM THE ALLEGED ACTIONS?

7. HOW WAS THE AMOUNT CLAIMED ABOVE COMPUTED? (IF YOU HAVE SUPPORTING DOCUMENTATION FOR THE AMOUNT CLAIMED, PLEASE ATTACH TO THIS CLAIM.)

8. NAMES AND ADDRESSES OF ALL WITNESSES, HOSPITALS, DOCTORS, OR OTHER INDIVIDUALS HAVING KNOWLEDGE RELEVANT TO THE CLAIM:

9. SEND OFFICIAL NOTICES AND OTHER CORRESPONDENCES TO:	10. SIGNATURE OF CLAIMANT OR ATTORNEY/REPRESENTATIVE (*SIGNED UNDER PENALTY OF PERJURY)
NAME	
MAILING ADDRESS	X DATE
	11. DAYTIME TELEPHONE NUMBERS, PLEASE INCLUDE AREA CODE:

CITY STATE ZIP

SECTION 72 OF THE PENAL CODE PROVIDES:

*EVERY PERSON WHO, WITH INTENT TO DEFRAUD, PRESENTS FOR ALLOWANCE OR FOR PAYMENT TO ANY STATE BOARD OR OFFICER, OR TO ANY COUNTY, TOWN, CITY, DISTRICT, WARD, OR VILLAGE BOARD OR OFFICER, AUTHORIZED TO ALLOW OR PAY THE SAME IF GENUINE, ANY FALSE OR FRAUDULENT CLAIM, BILL, ACCOUNT, VOUCHER, OR WRITING, IS GUILTY OF A FELONY

INSTRUCTIONS FOR FILING A CLAIM

PLEASE TYPE OR PRINT CLEARLY ALL OF THE INFORMATION REQUESTED ON CLAIM FORM. THE FOLLOWING PROVIDES SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE CLAIM FORM.

1. NAME, MAILING ADDRESS, TELEPHONE AND SOCIAL SECURITY NUMBER OF CLAIMANT - State the full name, mailing address, telephone number and social security number of the person(s) claiming damage or injury.
2. DOLLAR AMOUNT OF CLAIM - State the total amount you are claiming as a result of the alleged damage/injury. If damage/injury is continuing or is anticipated in the future, indicate with a "+" following the dollar figure. If the total amount is unspecified or exceeds \$10,000, designate the appropriate court jurisdiction for the claim.
3. WHERE DID THE DAMAGE/INJURY OCCUR? - Include the street address, intersection or other location where the damage/injury allegedly occurred.
4. WHEN DID THE DAMAGE OCCUR? - State the exact month, day, year and approximate time (if known) of the incident which caused the alleged damage/injury.

Under State Law, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented to the City Clerk no later than six (6) months after the incident date. Please note that evidence of "presentation" includes a clear postmark date on an envelope or certification of personal service.

When filing a claim beyond six (6) month period, you must explain the reason why the claim was not filed within the six (6) month period. The explanation is called an "application for leave to present a claim." In considering your claim, the City Council will first decide whether the late claim application should be granted or denied. (See Government Code 8911.4 for the legally acceptable reasons a claim may be filed late. Only if it is granted will the City then consider the merits of the claim. Claims relating to any cause of action other than personal injury, wrongful death, property damage, and crop damage must be presented no later than one (1) year after the incident date.

5. HOW DID THE DAMAGE OCCUR? - Provide in full detail the circumstances that led up to the incident. State all the facts which support the claim. Include the name of the City department(s) and/or employee(s) that allegedly caused the damage/injury.
6. WHAT DAMAGE/INJURY OCCURRED? - Provide in full detail a description of the damage/injury that allegedly resulted from the incident.
7. HOW WAS THE AMOUNT OF THE CLAIM COMPUTED? - Provide a breakdown of how the total amount that you are claiming was computed. You may declare expenses incurred and/or future, anticipated expenses. If available, please attach to your claim copies of all bills, payment receipts, and cost estimates.
8. NAMES AND ADDRESSES OF ALL WITNESSES - Provide the names of hospitals, doctors, or other individuals having knowledge relevant to the claim.
9. OFFICIAL NOTICES AND CORRESPONDENCE - Provide the name and mailing address of the person to whom all official notices and other correspondence should be sent, if other than claimant. This official contact person can be the claimant or a representative.
10. SIGNATURE - The claim shall be signed by the claimant or by the attorney/representative of the claimant. The City Clerk will not accept the claim without proper signature. Government Code 8910.2 provides: "The claim shall be signed by the claimant or by some person on his or her behalf."
11. DAYTIME TELEPHONE NUMBERS - Please provide daytime telephone numbers for both claimant and a representative, if applicable.

Completed claims and related documentation must be filed with the City Clerk of the City of Roseville, 311 Vernon Street, Roseville, California 95678. Personal service of claims can be accomplished during regular City business hours (8:00 a.m. - 5:00 p.m.) Monday through Friday (excluding City Holidays) at the Offices of the City Clerk, 311 Vernon Street, Roseville, California 95678.

If you wish to receive an endorsed copy of the claim, return this form to the City Clerk with a cover letter informing them of your request, along with a self-addressed stamped envelope.

If after reading these instruction, you have questions or need additional information regarding the filing of a claim with the City of Roseville, please contact the Risk Management Division at (916) 774-5202.

• ALL CLAIMS ARE PUBLIC RECORD •